The Integrated Health Home Quality Improvement Workgroup requested a survey for their peers to identify thoughts around changing aspects of the payment methodology. Also, wanted to know their peer's thoughts of a FI assessment tool. The results including additional comments are included below. There was a total of 31 out of 37 potential respondents.

1. If the MCOs identify a code such as S0280 or S0281 that would reduce the denials, would you be in favor of changing the 99490?
   a. Yes (17)
   b. No (12)
   c. Unsure (2)
   d. In checking with our billing department, it looks like these codes would be ok.
   e. I don't understand why a change in the code would reduce denials.
   f. This is an easy change in our EHR
   g. We are just starting out- but just comparing other billable services we provide and denials, anything to make things easier to identify and lessen denials is great!
   h. Yes, this works for our agency
   i. Yes, if it will, in fact, reduce denials. Although I am skeptical of how smoothly this would actually go over. In the past, when there is a change to our billing process with the MCO it usually results in months of delays in payment by the MCO, which is very difficult for most mental health centers to absorb. If this change were to occur, we need plenty of time to update our EHR.
   j. We have not had any issues with denials due to 99490 and changing codes in our EHR system would not be an issue. If changing the code would help other agencies, then we are open to it.
   k. It is difficult for us to give an opinion one way or another as this doesn't impact us currently. However, if it were to change, we would need adequate time to adjust the changes within our electronic health record system.

2. Would you be in favor of a report to document Health Home Services provided for a given month instead of submitting on a claim?
   a. Yes (11)
   b. No (18)
   c. Maybe (1)
   d. No Answer (2)
   e. Ultimately, we are still advocating for no add-on codes OR one add-on code due to the time intensive nature of this. If that isn't an option, I'd be interested to know more about what form the report would need to be in to know how to best answer that question.
   f. I don't think there is any more validity in reporting core services in a report vs. on a claim. As we already have a process for capturing the information on the claim form, it doesn't appear advantageous to change the method of reporting the information.
   g. Yes, this sounds like we would go back to just including the billing code on the claim and there would be some kind of report that IHH's would submit to show which types of services were performed each month? If this is the case, we support that change from a billing perspective as it would simplify billing.

h. Though may depend on what type of report is being discussed?
i. No, but that is because our EHR does attach all of the service codes to billing, so this would just create extra work for us.
j. We would not be in favor of a report until we have been able to see it and review it. submitting this on a claim is simple. A report would create extra administrative work.

3. If the functional impairment documentation were documented through an assessment tool administered by the Health Home, would you be in favor of all Health Homes using the same tool?
    a. Yes (23)
    b. No (5)
    c. Maybe (1)
    d. No Answer (2)
    e. Looking for more information, such as what the assessment tool would be and who would be able to complete it. Could there be the possibility of dx and FI from their LMHP OR an assessment tool administered by the Health Home? This would be helpful because one of the biggest barriers we face with this rule is getting the documentation completed by outside agencies that the client chooses for LMHP but when they've chosen Abbe outpatient services, we have a pretty streamlined process.
    f. We are not in favor of HH staff administering another assessment.
    g. Yes, for the universal tool. However, if the HH administered the assessment tool, wouldn't that require that we each have a LMHP professional as part of our IHH who could complete the tool. This would require much more work than it currently takes to obtain documentation that includes the functional impairment.
    h. I would like to know more about the assessment to be used before giving a final answer on this question, as I feel another assessment is just adding to the already complex list of tasks IHH Team Members are required to do.
    i. I have to say it depends. If this tool was quick and didn't require a lot from staff, then definitely yes. I'm just concerned about adding any more work onto staff at all but especially when we continue to be short-staffed.
    j. If it was provided to us.
    k. Very Much Yes!!!
    l. Only if there aren't excessive restrictions on who/how completed or tool is extensive amount of paperwork.
    m. Yes, I would be in favor of being able to use the CASH as the functional assessment tool – as all IHH are using this tool. – So yes, if we could all use the CASH and have that be the functional assessment tool, absolutely.

General Feedback

My agency is supportive a of code change and possibly a report. I would be in favor of an assessment tool that the health home could administer. It may reduce the time members have to wait to be enrolled. There are times we are waiting for long periods to receive information from the mental health professionals.